Referral - Hunter Integrated Pain Service

Health
Hunter New England
Local Health District

Fax Referrals to 4922 3893

REFERRING DOCTOR		Provider No:
Name:		
Signature:	Date: / /	
Telephone: Fax:		(Referring Dr's address/site/hospital/stamp here)

PATIENT DETAILS

Surname:	DOB:
Given Names:	Ph. H: Ph. W:
Address:	Ph. Mobile:
State: Post Code:	Other (eg email):

REFERRAL TO:

☐ Dr Chris Hayes ☐ Dr Andrew Powell ☐ Dr Mark Davies ☐ Dr Hema Rajappa

CURRENT PROBLEMS

PAIN HISTORY

BACKGROUND MEDICAL/SURGICAL HISTORY

IMAGING

CURRENT MEDICATIONS

PREVIOUS ANALGESIC MEDICATIONS

PHYSICAL FUNCTION

PSYCHOLOGICAL FUNCTION

PLEASE ENCLOSE COPIES OF RELEVANT SPECIALIST REPORTS.